



Department Of Insurance

P.O. Box 517
Frankfort, Kentucky 40602-0517
Phone 502-564-3630 or 1-800-595-6053

JANIE A. MILLER
COMMISSIONER

PAUL E. PATTON
GOVERNOR

IRS NO. _____

NAIC NO. _____

(Name of Fraternal Benefit Society)

organized under the laws of the State of _____

and located in the City of _____, hereby makes application for a
Certificate of Authority in the Commonwealth of Kentucky to transact the business of insurance for
_____ Life, _____ Health, or _____ Life and Health as permitted in Chapter 304
Subtitle 29 of the Kentucky Revised Statutes for the period beginning May 1 of the current year
through April 30 of the following year.

Signed this _____ day of _____, 20_____

By: _____
(Name)

(Title)

FORM 385



An Equal Opportunity Employer M/F/D